

CAP MR/DD Service Definition

Title: Adult Day Health

Service Definition:

Adult Day Health service is a service furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Meals provided as part of this service shall not constitute a “full nutritional regiment” (3 meals per day). The service is provided in a certified Adult Day Health Care facility.

This service is for adults who are aged, disabled, and handicapped that need a structured day program of activities and services with nursing supervision. It is an organized program of service provided during the day in a community group setting for the purpose of supporting an adult’s independence, and promoting social, physical, and emotional well being. Services must include health services and a variety of program activities designed to meet the participant’s needs and interests.

The cost of transportation is not included in the rate paid to providers of Adult Day Health services.

Service Limitation:

This service may not be provided at the same time of day that a participant receives: Home and Community Supports, Individual and Caregiver Training, Personal Care Services, Home Supports, Respite Care, Specialized Consultative Therapy, Supported Employment, Transportation or Residential Supports.

It may not be provided on the same day as Day Supports

Staff Qualifications:

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200.
- Staff must have a high school diploma or GED.
- Staff must meet client specific competencies as identified by the participant’s person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
- Must have a criminal record check
- A healthcare registry check as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a valid North Carolina driver’s license, a safe driving record and an acceptable level of automobile liability insurance.

Documentation:

Adult Day Health is documented as required by the Division of Aging for North Carolina Adult Day Care and Day Health State Standards for Certification-10 NCAC

Provider Qualifications:

The Adult Day Health Care facility is certified by the NC Division of Aging and Adult Service. Adult Day Health must be delivered by practitioners employed by, or under contract with mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within two years of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.